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THE RELATIONSHIP BETWEEN DISABILITY AND MIGRATION STATUS IN CHILE: PRELIMINARY ANALYSIS FROM REPEATED CROSS-SECTIONAL SURVEY

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OBJECTIVES: Disability in Chile is a growing public health problem that causes deterioration of individual wellbeing, family burden and premature mortality. The distribution of disability among immigrants has been under-researched. The objective was to explore crude and adjusted associations between total disability and immigration status (immigrant versus Chile) in Chile between 2006 and 2009. **METHODS:** Exploratory secondary analysis of nationally representative, anonymous survey CASEN 2006 and 2009 (n2006 = 268 873; n2009 = 246 924 participants). The relationship between self-reported total disability (dependent variable) and immigration status (independent variable) was modeled using weighted logistic regression. Adjustment variables were demographics (DG: age, sex, ethnicity, region, rural/urban residence, marital status) socioeconomic status (SES: household income and education). Analysis was conducted in STATA 13. **RESULTS:** Self-reported prevalence of disability in Chile, according to CASEN 2006 and 2009, was 6.9% and 7.6%, respectively; more prevalent in women than men and with a clear inverse gradient according to income (4.8% richest quintile versus 9.6% poorest quintile). Immigration in Chile increased from 1% to 1.3%. Multivariate analysis indicated that the total population of immigrants have a lower chance of reporting disability (OR=0.49; 95%CI=0.37-0.66), even after adjusting for DG. However, this protection disappeared after adjusting for SES (OR=0.75; 95% CI=0.45-1.25). These results did not change significantly between 2006 and 2009. **CONCLUSIONS:** We found a healthy migrant effect on the total population, which disappears after adjusting for socioeconomic variables. More robust analysis needs to be conducted to test these findings, ideally with longitudinal data. This is an urgent global health matter.

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SOCIAL AND HEALTH VULNERABILITY OF INTERNATIONAL IMMIGRANTS IN CHILE: PRELIMINARY FINDINGS FROM A SPATIAL ANALYSIS USING 2002-2012 CENSUS DATA

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OBJECTIVES: The territories are diverse and human settlements converge on it at a local and global scenario. These populations have varying degrees of socioeconomic and health vulnerability, and this is important to monitor for policy and practice. We explored the spatial distribution of social and health vulnerability of international immigrants in Chile based on 2002-2012 Census data. **METHODS:** Exploratory study of spatial vulnerability of international immigrants in Chile using 2002-2012 Census data. The total population was the comparison groups. Spatial vulnerability was measured at borough level for the entire Chilean territory (n=339 for 2002 and n=343 for 2012) using three unique dimensions of the Index of Multiple Deprivation (binary variables: disability rate, primary education rate, unemployment rate). Pearson correlation tests were used to test the difference in rates of social and health vulnerability measures between the immigrant and the total population in the country. **RESULTS:** According to Census 2012, 320,850 international migrants live in Chile (2% total population, similar to 2002). They are largely concentrated in the north (15% for 2012 and 6% for 2002) and centre (60% in 2012 and 48% in 2002). There was a significant correlation between separate and combined measures of IMD for both the entire population (R=0.95), and for international immigrants (R=0.95). Generally, both the total population and immigrants were more concentrated at the borough level when there were higher degrees of social and health vulnerability and these remained the same between 2002 and 2012. **CONCLUSIONS:** Geographic location of the total Chilean population and especially of international immigrants varies depending on the degrees of social and health vulnerability and we can observe this trend for last ten years. The correlation between spatial location and vulnerability among immigrants was significant and consistent over a 10 years period.

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CHILEAN VALUATION OF THE EQ-5D HEALTH STATES

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OBJECTIVES: To estimate a country-level value set for the 243 health states of the EQ-5D instrument in Chile. **METHODS:** A probabilistic sample from the Chilean adult population (N=1,695) was selected to value a group of 31 EQ-5D health states using the time trade-off method between August 2013 and January 2014. Each respondent assessed a pre-defined subset of health states from the EQ-5D 3 level version and their values were used to fit several econometric models. Besides the 10 dummy variables that represent the effect of health problems in each of the 2 levels (i.e. moderate and severe) of the 5 dimensions of the instrument, a group of 10 other interaction variables were also considered to improve statistical performance. The final model was chosen applying criteria of 1) parsimony 2) goodness of fit and 3) high prediction capacity. The extrapolation was performed based on the chosen model to estimate the totality of 243 health states generated by the EQ-5D system. **RESULTS:** A pooled least square model was selected, which included only the 10 main effects EQ-5D dummies plus a constant. The model was robust with an R² of 0.26, MAE of 0.047 and a good predictive capacity (11 of the 31 health states had an estimated residual error higher than 0.05). The selected model was also parsimonious, considering only 11 variables. **CONCLUSIONS:** It was possible to successfully extrapolate the valuation for the 243 EQ-5D health states in order to construct a country-level social value set. The final model differs from models developed in other countries and also from the previously reported model in Chile in 2008, which was constructed using data collected only in the Metropolitan Region. Our findings support the continuous methodological improvements of Cost-effectiveness analyses in Chile and highlight the importance of large-scale surveys to adequately reflect the preference of the society as a whole.

HEALTH CARE USE & POLICY STUDIES – Prescribing Behavior & Treatment Guidelines

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AN EVALUATION OF THE USE OF ANTIBIOTICS IN A TEACHING HOSPITAL IN BAHAWALPUR

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OBJECTIVES: Antibiotics are among the most commonly prescribed drugs globally. Now a days overuse and inappropriate use of antibiotics have become a very serious issue in Pakistan and a very limited data is available on the use of antibiotics in Pakistan. The study was aimed to evaluate frequency, rates of incorrect prescribing and inappropriate use of antibiotics and to identify any opportunity for its improvement. **METHODS:** This prospective and point prevalence surveillance study was performed on April 19, 2013 at Bahawal Victoria Hospital, Bahawalpur. Data of all hospitalized patients on antibiotic therapy were collected on a standardized questionnaire. **RESULTS:** Out of 692 patients 483 (69.8%) patients were given one or more antibiotics. Out of these 483 patients the antibiotic therapy was inappropriate in 266 (55.1%) patients. In 18 (3.7%) patients antibiotic therapy was given on microbiological assay bases while in 465 (96.3%) patients on empirical bases. The wards with the highest rate of antibiotic use were in ENT (96.8%), ophthalmology (96.2%) and urology (95.2%) while highest rate of antibiotic inappropriate use were in pediatrics (90.0%), neurosurgery (88.0%) and dermatology (66.7%). **CONCLUSIONS:** Overuse, misuse and inappropriate use of antibiotics were detected in this hospital. A close surveillance regarding antibiotic use in hospitals and the forming of new policies concerning antibiotics use is strictly required to improve the appropriate use of antibiotics.

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PROSPECTIVE STUDY ON PRESCRIPTION PATTERN IN TERTIARY CARE HOSPITAL IN SOUTH INDIA

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OBJECTIVES: The main objective of the study is to evaluate the components of the prescription pattern and to determine the physicians written prescription non-compliance to the in-house guidelines of tertiary care hospital. **METHODS:** A prospective study with outpatients as study subjects are carried out in a tertiary care hospital, for a period of two months. A separate prescription audit checklist is used to see the completeness of the prescription according to in-house guidelines of tertiary care hospital which includes patients, physician and drug related information. **RESULTS:** A total of 2200 prescriptions assessed, with respect to patient information 52% of patient's age and 52% of patient's gender were missed. Regarding physician information 100% prescriptions contained the signature of the physician. Regarding the drug related information out of 2200 prescriptions (57.7%) brand names were found and 23.9% of drugs were not in capital and 2.5% appropriate abbreviations found, 8.7% of prescriptions were missing the dosage and 4.7% was missing the route of administration 6.04% were missing the frequency, 7.22% were missing the duration, 1.18% were missing the dosage form, 0.09% of drug substitution, 5.63 % were missing the directions for use and 20.68% of prescriptions were polypharmacy, 1.40% Prescriptions were illegible, 0.36% were missing the registration number. **CONCLUSIONS:** The main findings concluded majority of the practitioners are not writing the generic names and which were not in the block letters. Also information of patient demographics which included gender and age were not mentioned. This study proved non-adherence to in-house guidelines by physicians and incompleteness of prescription.

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EVALUATION OF KNOWLEDGE, ATTITUDES, AND PRACTICES OF HEALTHCARE PROVIDERS TOWARDS NUTRITION SUPPORT IN PAKISTAN

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OBJECTIVES: Malnutrition (i.e. under-nutrition and over-nutrition) is among the top healthcare issues that can be fatal if proper nutrition-care is not provided by healthcare providers. Until now this problem is equally affecting adults as well as children because of healthcare providers' inadequate knowledge, poor attitudes and inappropriate practices (closely monitoring patients' health status and regularly reviewing their treatment plan to make sure patients' nutritional needs are being met). The aim of this KAP study was to evaluate the knowledge, attitudes, and practices of healthcare providers (doctors, pharmacists and nurses) towards nutrition support in a tertiary care hospital in Pakistan. **METHODS:** A cross-sectional study was conducted on a newly developed and validated self-administered research tool. Face and content validity of the research tool was done by various healthcare individuals including academics, surgeons, pharmacists and senior nurses. The research tool was also piloted on 15 healthcare providers in a different hospital before start of the study. Only registered healthcare providers of Pakistan were approached to take part in the study. A p-value < 0.05 was considered statistically significant. **RESULTS:** Total 200 participants out of 350 took part into the study. Among the respondents, doctors (33.7%) expressed greater knowledge than pharmacists (26.7%) and nurses (21.2%). All doctors, pharmacists and nurses showed indecisive attitudes toward nutrition support to the patients. However, in the practice assessment, pharmacists had a slightly higher score. Only 19.4% respondents stated that they perform nutrition screening on admis-